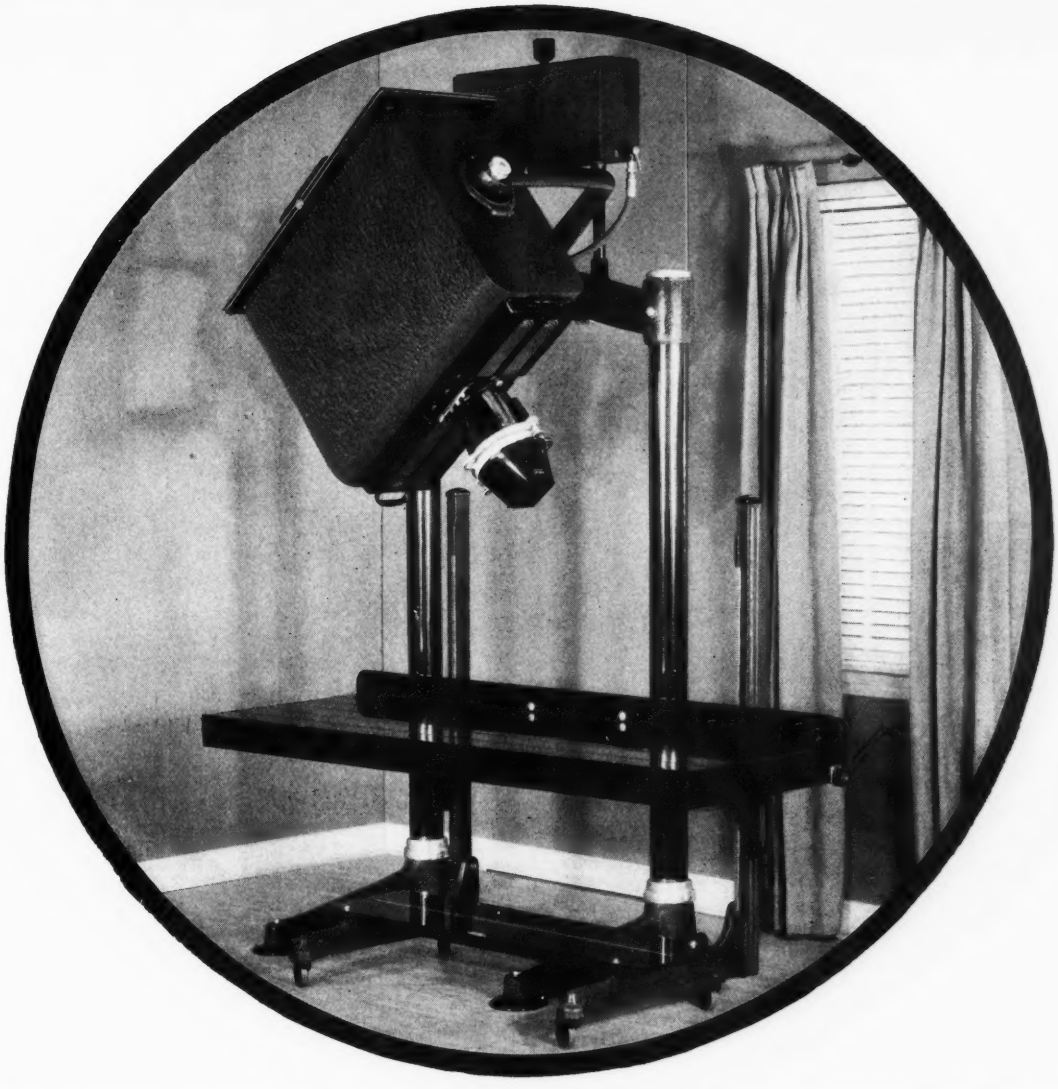
The

CANADIAN HOSPITAL

Official Journal

CANADIAN HOSPITAL COUNCIL



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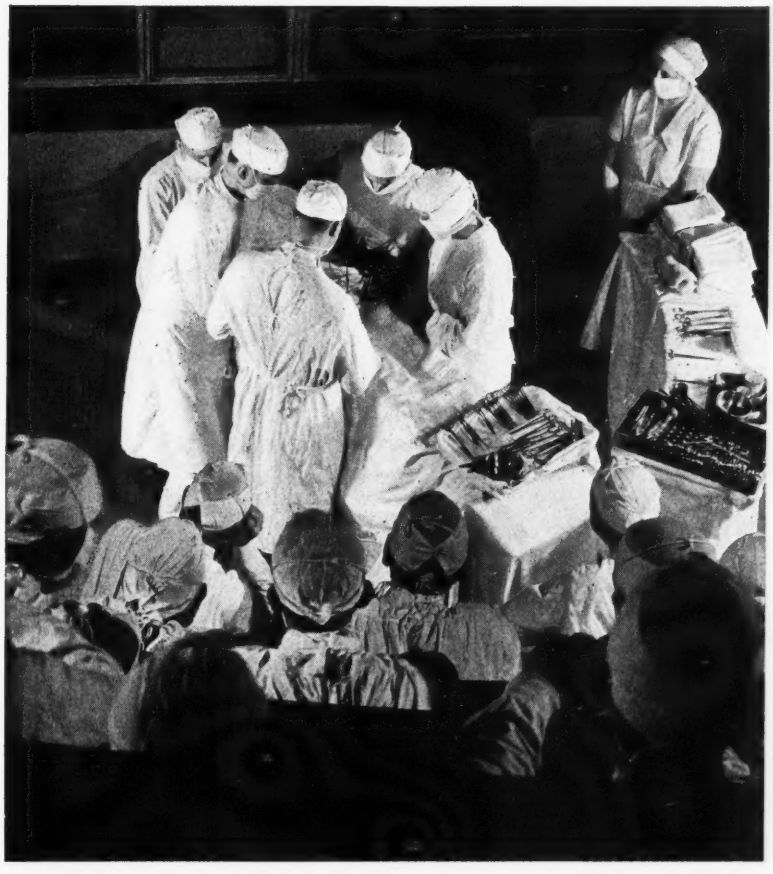

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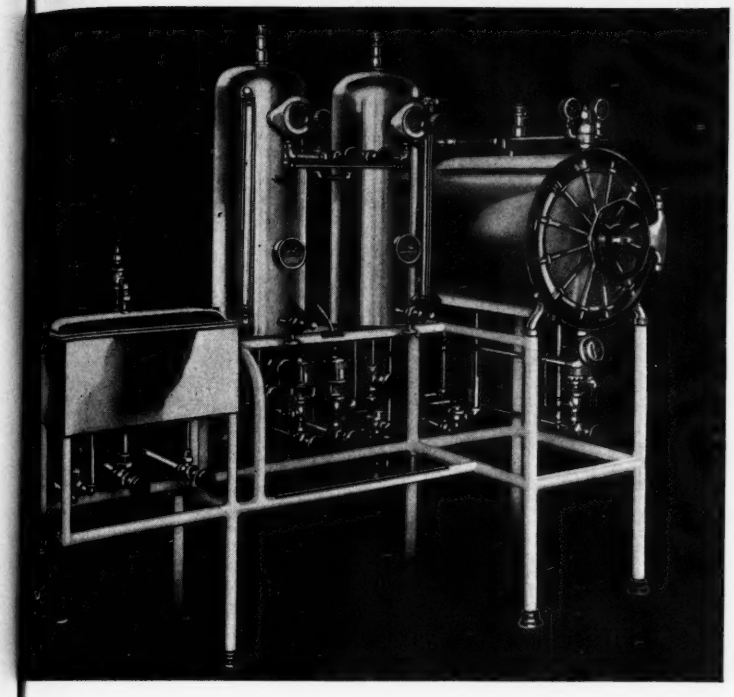

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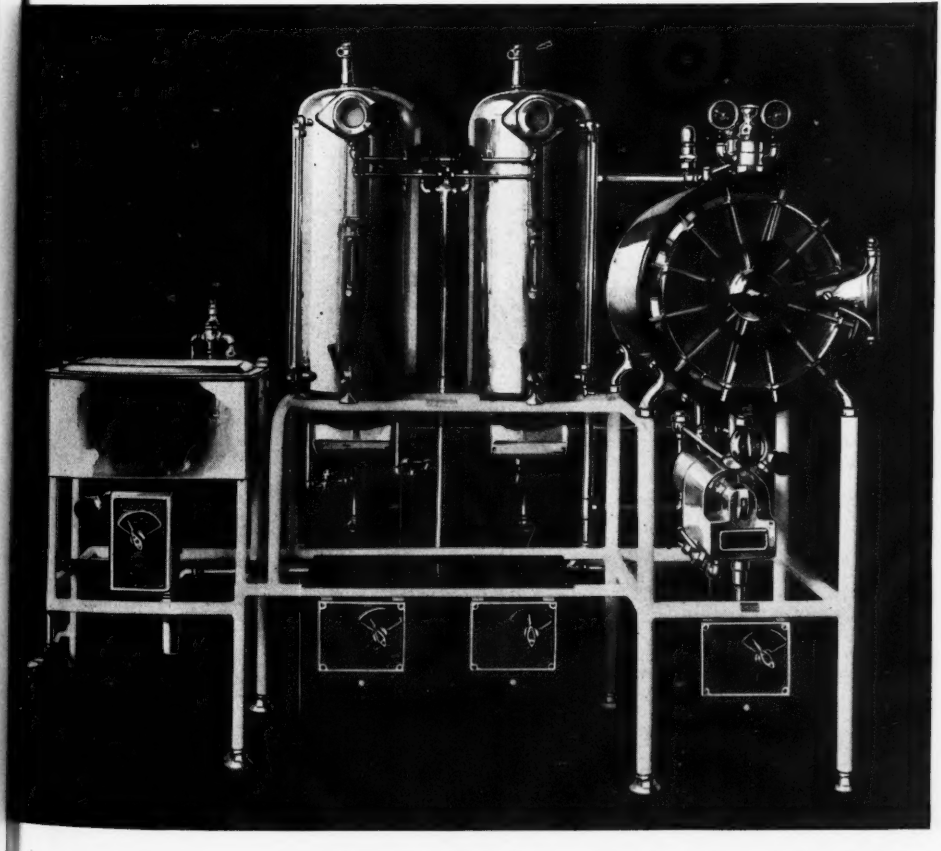

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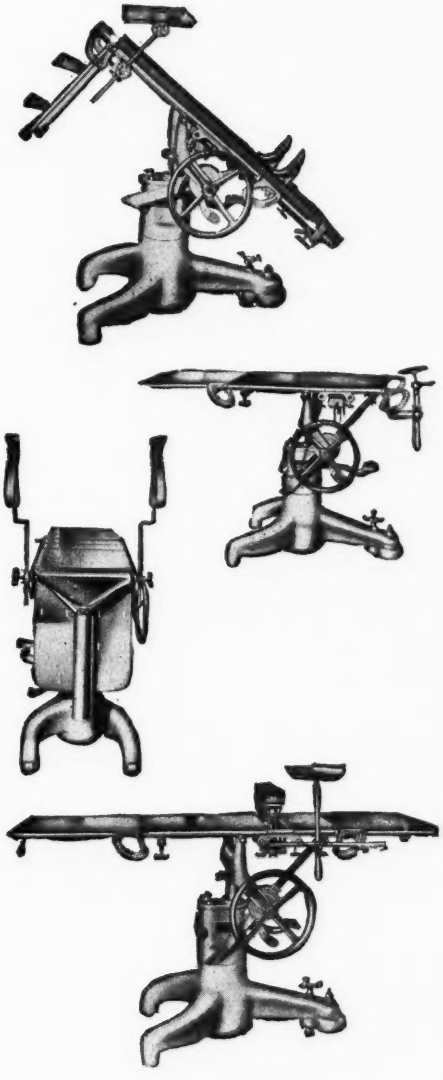

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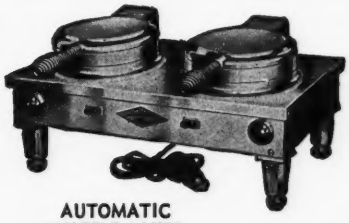

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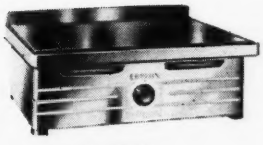

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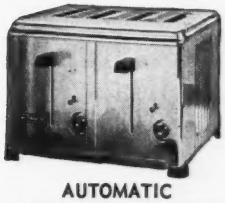

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PRESIDENTIAL ADDRESS

to the

Fourth Biennial Meeting

of the

Canadian Hospital Council

W. R. Chenoweth

DELEGATES of the Canadian Hospital Council and Guests: This is the fourth biennial meeting of the Canadian Hospital Council and at this time I believe custom and precedent demand that your retiring president should say a few words in an endeavour to deliver a farewell message which is both appropriate to the occasion and worthy of his hearers.

At the outset let me say for one who is about to lay aside the responsibilities of the office with which you have honoured me that I am deeply conscious of having enjoyed the privilege of serving as your President for the past two years. My one regret is that I have not been able to accomplish more for the good of the Council during my term of office.

Care of the Sick is First Consideration

We have gathered here to-day with one purpose in view and that is the care of the sick whom we serve and to consider how we can be of greater use to them when we return. By meeting here we are able also to gain a more inclusive view of the needs, the aims and the place which the Council can fill in the hospital world—in the country at large.

It has been well said that "civilization may be measured by the solidarity of mankind." What can contribute more to this than a meeting of this character, whose chief interest is that of benefitting the health of all humanity?

Beginning six years ago with a handful of earnest, forward-looking hospital executives the Canadian Hospital Council has come to be known far beyond the boundaries of our own country. It has assumed a place of prominence and has justified its existence in the fullest possible measure.

Since our last meeting your Council has continued to work in close harmony with government and provincial organizations. Dr. Agnew, our Secretary, has also taken part in many conferences affecting hospitals. A factual report of the activities of the Council will be presented by Dr. Agnew.

As we all know the strength and perpetuation of any association or council depends upon the loyalty and support given by its members and I would like to take this occasion to pay tribute to the various committee chairmen who since our last meeting have given so freely of their time and talents to further the interests of the Council. I realize it is a difficult thing to try to mention names of those who have made outstanding contributions, but I cannot refrain from mentioning Dr. Agnew, our Secretary, who has not spared himself, but has given of his valuable time and his experience so generously for the success of the Council. I would also like to mention the name of Mr. Leonard Shaw, the Editor of our official organ, The "Canadian Hospital." Since we took it over its pages indicate the time and effort he has devoted to it in order that through the medium of this magazine the hospital field at large should be more usefully and generally served. For this we convey to Mr. Shaw and his Editorial Committee our thanks and sincere appreciation.

Council is Incorporated

As you are aware, last year arrangements were completed for the incorporation of the Council. This step was taken upon legal advice and was considered a prudent measure in connection with the taking over of the journal. In asking for your approval of this change your Exec-

utive would like to emphasize that this action was not intended to interfere in any way with the formation of a national association, the ultimate formation of which remains, as hitherto, one of the stated objects in the Constitution.

While on this subject of the Council it has been suggested that I make a reference as to the future of our organization. Upon consideration I confess I feel it somewhat difficult to deal with a matter with which you are just as conversant as I am. It would seem to me, however, that the Canadian Hospital Council has been formed just in time; that we are entering a period of transition when the future status of the hospital will be more or less determined for a number of years to come and it is vital that we have an organization which can effectually act for, and co-operate with the hospitals in the formulation of new policies. Does the hospital field in Canada at the present time demand a better organization than at present exists for the collection, digestion and transmission of information and better facilities for giving advice to those who apply for it? In other words are there other ways by which this Council may enter more intimately into the life of hospital executives and function in a more intimate and helpful capacity for the benefit of the hospital field at large? These are important questions which I feel are worthy of your consideration. Therefore, with a view to the future might I suggest, at this juncture, the advisability of appointing a special committee who would undertake to give this whole matter careful study and submit at a later date their well-considered opinion as to what course this Council should pursue for the mutual benefit of all concerned.

Meanwhile may I emphasize the need for more financial aid if the Administration of your Council as now constituted is to be maintained at its present standards. For your information, the demands that are made upon Dr. Agnew and his limited staff are greater than they can cope with and something must be done to relieve the pressure. Up to the present time the financial resources of the Council have been more or less of a precarious character and in presenting these observations I feel that the time has arrived when we must seek ways and means of placing our organization on a sounder financial footing if it is to operate with any degree of permanency. After all we must realize that we have been fortunate, inasmuch as up to the present time the cost to the hospital associations of maintaining the Council has been very nominal and, when viewed in the light of the advantages and benefits that have accrued to the hospitals at large, I am of the opinion that the small outlay involved has been money well spent.

Many problems will be up for discussion at this meeting and it is to be hoped that conferences such as this will assist the establishment of national policies in hospitalization. Many details of everyday administration will come under consideration—possible improvements in service, increased efficiency, methods of finances, the scope of outpatient work and the effect on such of medical relief. Undoubtedly you will desire to give considerable thought to the new curriculum in nursing education which has been so carefully prepared by our nurse colleagues.

Since our last meeting a thousand Canadian hospitals have daily played their part in their service to humanity, meeting a multitude of problems with that quiet dignity which is characteristic of our institutions. We are emerging from a period of depression and entering a new era and our hospitals, like industry, are not escaping the trend of changing conditions. Hospital administrators are following with much interest the introduction of state health insurance and sickness benefit schemes, the adoption of which in my opinion will demand a considerable expansion of hospital facilities in the immediate future. The question, therefore, arises, how is this situation to be met? Will the needs of our people for efficient hospital care be better met by the expansion of government into the hospital field or by complementary development of voluntary hospitals resources in those particular phases of hospital service with which the latter is better able to deal. As a writer has recently expressed it, we are in a stream of events with respect to hospitals and other services for the betterment of human welfare, the solution of which may ultimately be found in the working out of a system of hospital service which will satisfy the necessities of government on the one hand and the need of voluntary hospitals for security and advancement on the other.

With the increasing cost of hospitalization, due to our better equipment and our higher standards of efficiency, the time will soon come and, in most communities has long since come, when ordinary sources of revenue even with governmental assistance will not be able to carry the burden. Unless we are prepared to lower our standards of service—and that is unthinkable—extraordinary sources of revenue must be developed.

As many of us feel that the voluntary system of hospital direction has much to commend it, we strongly hope that no future developments will jeopardize the position of the voluntary hospital. That plan of insurance must be developed which will meet the needs of the people, be fair to the hospitals, many of which are now finding their burden a difficult one, and which at the same time will enable our hospitals to maintain that spirit of charity towards the suffering which for centuries has been one of the finest traditions of the race.

Experiments in voluntary insurance would indicate real possibilities for the future, particularly if combined with adequate state contributions for the hospitalization and medical care of those unable to contribute to a voluntary plan.

Naturally the hospitals would find it necessary to give assurance to either voluntary groups or to governments that money was being well and wisely spent if they are to preserve that freedom of action which has been a characteristic of our voluntary system.

Should state-controlled insurance come it is most essential that the autonomy of the voluntary hospital be safeguarded—a reasonable achievement if we all work together in this era of social evolution.

In closing may I once again reiterate my whole-hearted appreciation for the privilege you have accorded me to serve as your President. I express the hope that the activities of this Council will continue to expand its sphere of usefulness and prove of material benefit in its endeavour to serve the hospitals at large.

W. R. CHENOWETH.

Canadian Hospital Council, Ottawa, September 8th, 1937.

Purchasing and Stock Control in a Small Hospital

MURRAY W. ROSS,
Executive Secretary, Lamont Public Hospital,
Lamont, Alberta

IN no well managed business office is cash allowed to be carelessly handled or left open to any member of the staff coming into the office; rather a careful record is kept of all cash receipts and disbursements and a Cashier made responsible for the custody and handling of all cash; and it is required that a daily check be made of the amount on hand to be sure that it is in order at all times.

Murray W. Ross

Equal care should be given to the purchasing, handling and storing of supplies, because they represent real cash value, often far exceeding the amount of currency in the cash drawer.

The key word for efficiency in purchase and supply is "Centralization." Purchasing is essentially a business procedure and, in the small hospital of 100 beds or less, where no special purchasing agent is employed, it follows that the Business Manager, Secretary - Treasurer, or whatever official is in charge of the business organization, should assume the responsibility for the operation of the entire purchasing and storage organization. Because of the technical knowledge and professional training necessary to fill prescriptions and purchase drugs for a complete dispensary, it is necessary to have a fully qualified Pharmacist on the staff. The average small hospital does not have a sufficiently large volume of work to employ both a Pharmacist and a Store Room Clerk, and a very practical way of surmounting this difficulty is to have the Pharmacist act in the dual capacity of Dispenser and Storekeeper, responsible to the Business Manager.

Adequate store rooms and sufficient shelves, drawers, cupboards, etc., are provided in both storeroom and dispensary to accommodate all supplies used by the hospital with a few exceptions such as perishables, fuel, etc. The storeroom is constructed adjacent to the dispensary resulting in a minimum of wasted time and inconvenience for the Pharmacist-Storekeeper. The Business Manager purchases all supplies and equipment for hospital use. No purchase is made until he has checked details carefully and has issued an official order, thereby assuming full responsibility for the transaction.

Purchase orders are made out in quadruplicate on consecutively numbered forms printed for the purpose. One copy goes to the Vendor, one to the Accountant, one to the Storekeeper and one is retained by the Purchaser. This prevents any dispute between hospital and vendor as to the quantity, quality or price of merchandise ordered. The storekeeper knows which items have been ordered and has a means of checking each shipment when it arrives. The Accountant can check the Vendor's invoice accurately and is sure that it is correct in every detail when he passes it through the records for payment.

There is no danger of an invoice being passed for payment unless the shipment which it covers is in order and any duplication of vendor's invoices would be immediately detected and no invoice could be paid twice.

Figure 1 is an impression of a rubber stamp referred to as the "Invoice Stamp." Each invoice is stamped in this manner when it is received and the form has been found very useful in placing all signatures and information on the invoice in one compact place. It also ensures that those handling the invoice do everything required. All deliveries of supplies to the hospital are received and opened by the Storekeeper. He checks the shipment with his copy of the purchase order and with the Vendor's invoice. If it is correct as to quantity and quality he O.K.'s it by signing in the space provided under "Goods received and checked by" (Fig. 1).

Not all supplies are placed in the storeroom, such items as perishables, going directly into use; the storekeeper indicates into which classification the shipment falls by marking the invoice "Stock" or "Direct" in the space alloted. In the case of "Direct" shipments he also indicates to what department or service of the hospital the goods were sent under "Goods to be used for." With pharmaceuticals where almost the entire stock is required in the dispensary and where issuance is usually in small quantities and broken packages, all items are considered to be direct charges to the dispensary and the merchandise

itself is stored in the dispensary and in no case is put into the storeroom or charged to the stores account.

All supplies going into stock are cost marked from the vendor's invoice. This is very easily done when putting the merchandise away in the storeroom, and is very useful in making correct valuation when charging supplies out to departments or when making a physical inventory check at the end of the period.

When the storepeeper has completed this routine, the invoice is passed on to the Business Manager who O.K.'s it (having made the original purchase) in the space provided under "Approved", and hands the invoice to the accountant.

The accountant compares the invoice with his copy of the original order, checks each item carefully as to quantity and price, verifies extensions and addition, makes a notation of the account or accounts to which the invoice is to be charged, under the heading "Distribution", and certifies that it is correct in every detail by signing in the allotted space.

GOODS RECEIVED AND CHECKED BY:

.....

STOCK | | OR | DIRECT | |

IF DIRECT—GOODS TO BE USED FOR:

.....

.....

APPROVED .....

INV. CORRECT .....

Accountant

DISTRIBUTION

.....

.....

.....

.....

.....

.....

Figure 1

He then has the invoice entered into the Voucher Register, the Purchase Record and, in the case of stock items, in the Stock Record. Of equal importance to a careful method of purchasing, checking and storing supplies, is a system of issuing them to the various departments and services of the hospital so as to secure efficient service combined with economy. The procedure involves an accurate check being made on all orders for supplies by Department Heads and Business Manager with sufficient "red tape" to prevent it being too easy for departments to secure supplies, forcing reasonable economy, and yet not enough to make the system cumbersome or impractical.

Employees requiring supplies make out and sign a requisition giving details of their requirements

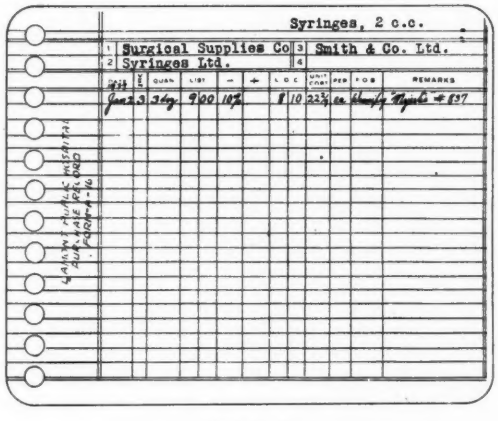
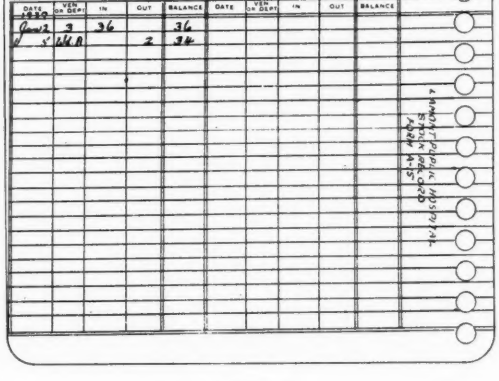


Figure 2



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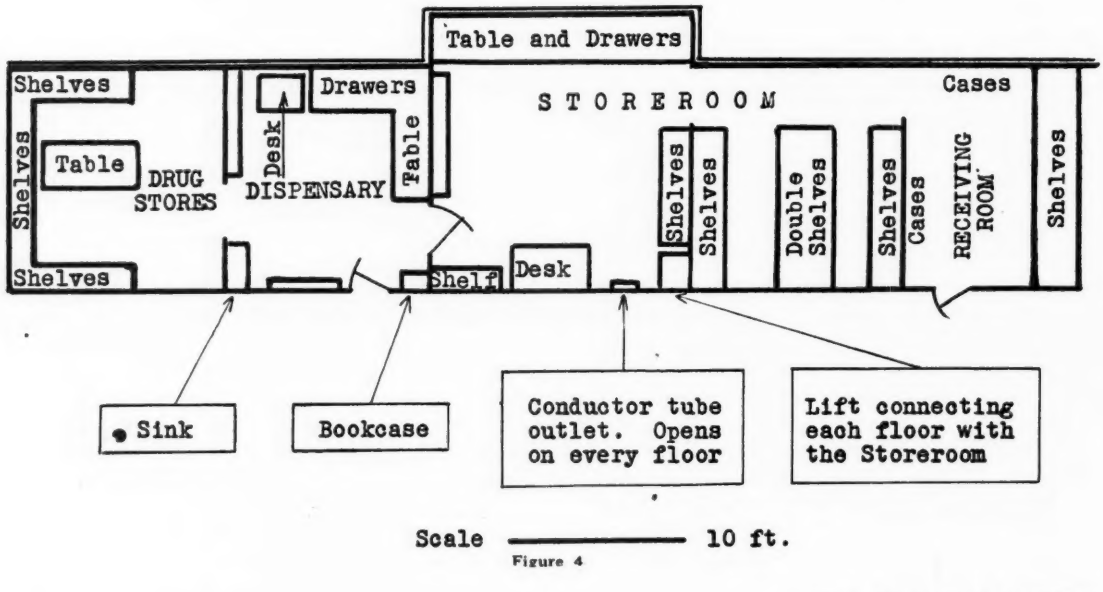


Figure 4

and pass the requisition to their department head for checking and signature. The department head passes it on to the Business Manager, who checks it and, if he decides that it is in order and has no adjustment to make, O.K.'s it and sends it to the storekeeper as his authority to issue the supplies to the department in question. Should any of the items required be out of stock or running low, and are not on order, the Storekeeper will give the Business Manager a "Shorts Slip" indicating what has to be ordered. There is one wide variation from the above procedure and that is in the method of issuing drug supplies. There is a complete list of all drug supplies kept on the wards. The floors replenish their supplies daily by sending each morning to the dispensary a "Daily Drug Requisition" together with their basket containing the empty bottles for refilling. Only "Ward Supply Drugs" (not chargeable to patients) are ordered or supplied on "Daily Drug Requisitions", and as there are standing orders as to what may and may not be kept on the wards no one but the Pharmacist need check these requisitions. Requests for special drugs (not kept in the wards' supply) are sent in to the dispensary on "Special Drug Requisitions" which for all practical purposes correspond to prescription blanks. As all drugs supplied on "Special Drug Requisitions" are Doctors' orders, and as they are charged through the office to the patients' accounts, again no check, other than the Pharmacist's, is necessary. All requisitions for drugs, therefore, whether routine or special are sent direct from the ward to the dispensary in small cardboard containers through a metal conductor tube with outlets on each floor.

All supplies, general or pharmaceutical, are sent up to the departments on a "dumb waiter" opening on all the floors and in the storeroom.

Certain regulations are laid down regarding the requisitioning of supplies. Special days in each week are set for ordering different classifications of merchandise, such as Monday for stationery, Wednesday for medical and surgical supplies, etc. Sufficient "ward supply" drugs are ordered on Saturday to last until Monday, no "Daily Drug Requisitions" being filled on Sunday. Such regulations as this make it easier for the storekeeper to organize his work and to keep accurate record of the supplies passing through his hands.

Some items cannot be conveniently handled on "supply days" and it is necessary for a few special or emergency requisitions to be filled daily, but these, because they are small and few in number, do not present any problem.

Having filled a requisition for supplies the storekeeper enters all items given out, in the "Daily Issuance from Stock" book, showing the date, quantity, item, value, and receiving department. The "Daily Issuance from Stock" book is turned into the office daily for posting to the Stock Record and at the end of the month a summary is made and a journal voucher issued crediting the stores account and charging the various departments for the merchandise used.

In the foregoing description, two forms have been referred to, which have not been discussed, namely: the "Purchase Record" and the "Stock Record." There is a "Purchase Record" sheet for practically all items purchased and a "Stock Record" sheet for every item put into the storeroom. The purchase record sheets are arranged alphabetically in a prong binder and each purchase record sheet for a stock item is immediately followed in the binder by a stock record sheet for the same item. Thus on opening the binder at any stock item, both Purchase and Stock Record are visible for posting or reference. Entries to the Purchase Record are made from the Vendor's invoice. It is a columnar sheet (Fig 2) showing the date, vendor, quantity, list price trade discount, duty or extra cost, unit cost and a "remarks" column for additional descriptive data such as quality, catalogue number, etc.

Entries to the Stock Record are made from the vendor's invoice for incoming stock and from the "Daily Issuance of Stock" book for outgoing stock. It too is a columnar sheet (Fig. 3) showing date, Vendor received from or Department issued to, quantity in, quantity out, and balance remaining in stock.

These purchase and stock records are not a part of the accounting system. They do not form a complete perpetual inventory record in as much as they reveal the quantities but not the value of the supplies in the storeroom. They are merely a means of compiling valuable data for convenience and efficiency in purchase and supply. The Purchase Record reveals what quantities and qualities of each item were bought, and the firms from whom they bought and the prices paid. The stock record indicates when stock in any particular item is running low, what quantities of different items are used and by which departments they are used, seasonal fluctuation in consumption of different items and prevents expensive overstocking in any line.

Having adequate storage facilities enables the Business Manager to take advantage of quantity prices when ordering supplies. Through the Stock Record and the Store-

(Continued on page 42)

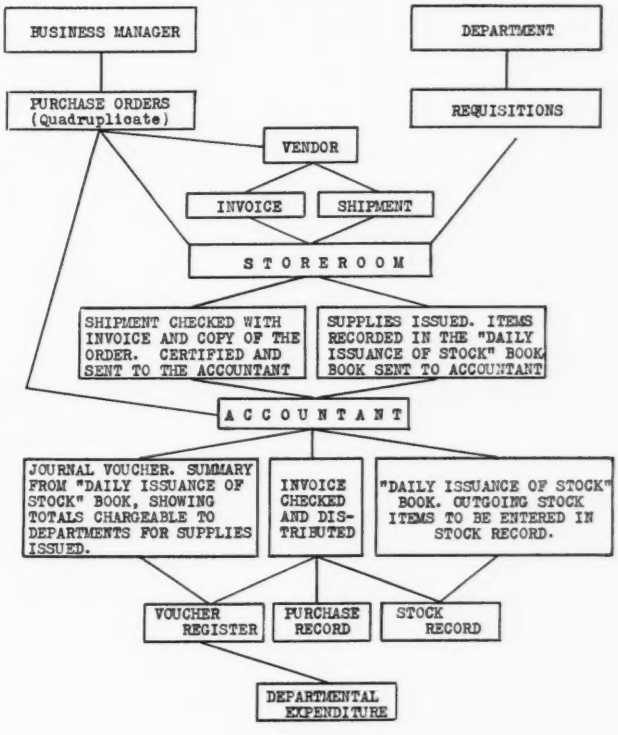


Figure 5

Some Comments on the Proposed Curriculum for the Schools of Nursing in Canada

By R. T. WASHBURN, M.D.,
Superintendent, University of Alberta Hospital,
Edmonton, Alberta

THERE can be no question in the minds of those who are familiar with hospital and community requirements that the recommendations contained in Chapter One of the Proposed Curriculum for Schools of Nursing in Canada dealing with the function of a nurse in a modern community are sound, but to equip a nurse in the short period of three years to perform the duties which she is called upon to do appears impossible. The three year period in which to train a nurse for hospital requirements alone is short enough particularly with the advances in modern hospital practice of to-day.

A complete report by the Committee on Nursing will be published immediately following The Canadian Hospital Council Meeting and as a considerable portion of the report will deal with a new curriculum this article is very timely.

The Administrative Policy of the School

Chapter Two in dealing with the need for a sound administrative policy touches on the crux of the difficulty in our nursing education as it has always existed. The question to ask ourselves is "Are we in Canada prepared to have nursing education a public responsibility and relinquish individual hospital autonomy in the training of the nurse?" I think not. While we have our Sisters' Hospitals and the excellent work being done by these noble workers and their extension of hospital service to outside points are they prepared to participate in the move to make nursing a state problem. While this service is available and our Sisters are devoting their lives to the care of the sick without cost to the community we cannot expect our governments to assume additional financial responsibility if it cannot be shown that the public at large is suffering from inadequate nursing care. Until such time as it is the unanimous opinion of the nursing profession that the training of the nurse is a public responsibility this desire, as is so frequently expressed, will not be realized.

In the matter of the policy of fees paid to nurses in training I have no comments to make as the training is so diversified that it is an individual problem of every hospital conducting a training school to decide. I am inclined to feel that it is a mistake to place probationers on the wards until they have received a year's preparation at their own expense. Much more can be done in the class room than is being done at present in the way of technique —preparation of medicines, operating room rehearsals, familiarizing students with instruments, etc., etc. Community problems, mental hygiene and public health. Students equipped with this knowledge on entering the wards will do better work. Some of the fear of their seniors and the doctors will have vanished. They will have more self confidence and will render the hospital a better service and then receive a remuneration commensurate with their service to the institution.

Qualifications of the Teacher

In synopsizing Chapter Three the following points are brought out:

With the widening of the field of nursing, nurses require in their training, much more than practical nursing skill. They require the development of personality, culture, ability to teach, ease with which to meet the public, and the capacity for leadership. To accomplish this the leaders must possess all of these qualties and in addition have the ability to pass them on to the students; thus the staff selected to assume this responsibility must be outstanding individuals and the material who are to receive instruction must be of high caliber.

The report sets out the qualifications which those engaged in the training of the nurse should possess, namely —"good physical and mental health, maturity, emotional stability, balanced judgment, and tact, poise, dignity, strength of character, ability to meet and deal with people well, ability to inspire confidence and command respect." From the Superintendent of Nurses to the Charge Nurses these qualities are essential to their general and special education. Naturally all must be registered nurses and have had post graduate study and experience in educational and administrative responsibilities. The report speaks of the Superintendent and her Assistants as fulfilling a dual function that of teacher and director of nursing. One should say they have three functions to perform;—with the complexities of modern hospital administration, senior nurses are called upon to perform duties of administration not included in either the care of the patient or the instruction of the nurse and this is no small part which a nurse must play in the modern hospital of to-day.

The report recommends the following personnel—essential to training schools—The Superintendent of Nurses, Assistants to the Superintendent—day and night—the head of the Teaching Department and Assistant Instructors, Supervisors of Hospital Departments, a Public

Health Nurse, Head Nurses, a Social Director, qualified in physical education, Supervisor of Nurses' Residence, Hospital Dietitian and Physicians. The qualities as mentioned before should exist in each one of this personnel to a greater or lesser degree.

The report recommends a university education as desirable. It goes on to outline the chain of responsibility of those engaged in giving instruction. The Superintendent of Nurses is the principal of the school and Director of Nursing. She must possess those qualifications already mentioned, having leadership, efficiency, personality, etc. The report recommends adequate educational and social opportunities .

There is really nothing in Chapter Three to which I can take exception. The ideals are not fantastic but really what should be in existence at the present time. The economic situation has brought it home to any thinking individual the importance of improving one's knowledge if one is to be a success. Who to-day would engage a stenographer with grade VIII when one is available at no greater cost with grade XII, or even with a Bachelor of Arts degree. Mind you the grade VIII stenographer may have just as good a personality, may co-operate even better and be most proficient in the work but all things being equal we select the higher standard in education. One of the difficulties as I see it is the possibility of our present leaders, who may not have the qualifications as recommended from the academic standpoint, objecting to the appointment, as Assistants, of those with higher standing. On the other hand those leaders have gathered education and knowledge by their experience which should more than compensate them for any deficiency in their academic training, consequently this objection should not exist. The second possible stumbling block to the recommendations is what to do with our present staff of Instructors, Supervisors and Charge Nurses who have not had post graduate training nor the academic standing. This should be quite easily solved by Refresher Courses, Post Graduate work and study. Their experience should stand for something. In commencing such a scheme as is recommended in the study, our present establishment of teachers and supervisors surely could be recognized in similar manner as our medical teachers in our universities were recognized by the Royal College of Physicians and Surgeons of Canada. Those professors and assistant professors who were on the University staffs were granted recognition by conferring upon them fellowships in the Royal College of Physicians and Surgeons of Canada.

Is a University Education Essential?

Throughout the whole report we gather the idea of a university education being essential. I have stated that all things being equal we select a person in any capacity who has a high educational standard. However, I can point to members of staffs who had difficulty in passing grade X standing who are high up in positions of responsibility. They had all the other qualifications essential to success without the academic standing. May I be so bold as to say that of five qualities which are essential in selecting a nurse to fill a responsible position academic standing is only one factor with the other four qualities just as essential. Is it not true that in many instances there is too much stress put on the academic standing of the individual? Health is just as important, as without it how can one have enthusiasm, personality and leadership. Too frequently the brilliant student lacks these qualities so essential in a nurse, whether it be in the actual care of the patient or carrying out a health programme. I am not attempting to belittle the value of a higher education but in the selection of staff this quality should not necessarily be the first requisite.

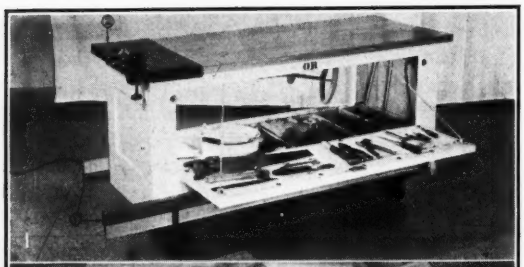
In regard to recreational and social activities, I heartily agree with both if it is possible, but on the other hand are we not asking just a little too much of an institution to supply the school with a modern mansion in the form of a nurses residence equipped with recreational facilities, provision for social activities and a diploma, and in return for which, during the greater part of their training, giving to the hosiptal an inferior type of nursing. Is it possible for a member preparing for any profession to reach its goal in a like manner. Yet we all realize that the qualities expected in nurses should be those as set out in the recommendations embodied in the report. I believe we must go further in searching for a solution in training the nurse in her relationship to the institution, which will meet the standard of the profession, and the standard of nursing required of the modern hospital of to-day. Again, the report advocates a higher educational training embodying public health, than existed in the past, without lengthening the hours of study. If it takes a doctor six years of study in medicine and at least two years post graduate work in a hospital before he is considered fit to practice medicine; as it requires an academic standing of grade XII then three years in university and two years apprenticeship to obtain a degree in Pharmacy, or two years in university and three years apprenticeship to obtain the licentiate course in pharmacy, how can a girl absorb the present curriculum, have time for cultural development, organized social and recreational activities, development of personality, and know how to make a patient comfortable in the short space of three years?

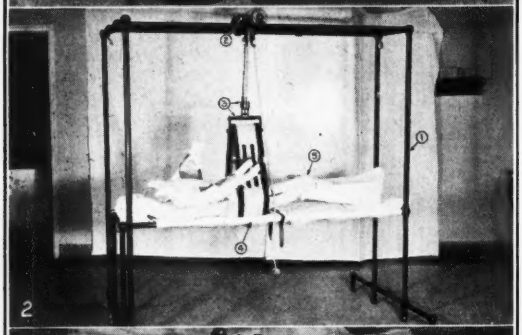
Nursing and a Direct Approach to the Governing Body

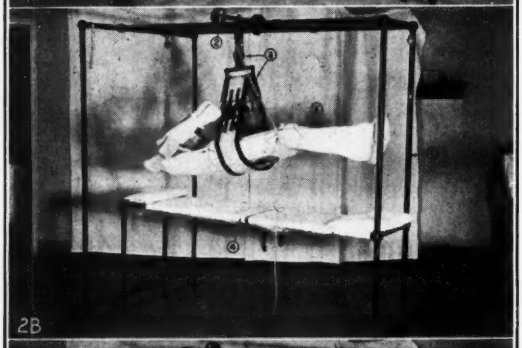
There is a recommendation that the Superintendent of Nurses attend meetings of the Board of Management of the hospital. Unless all heads of departments attend these meetings, the dietitian, the housekeeper, the pathologist, the radiologist, and other department heads, I am opposed to the Superintendent of Nurses attending, unless she functions as Superintendent of the hospital. In building up any organization, if one expects the co-operation of all department heads, there must not be discrimination. We must give equality to all departments and have each believe his department is just as important as any other. Matters for the attention of the Board may be discussed beforehand, either by means of the staff conference, or directly with the head of the department concerned, and having arrived at an agreement, then presented by the Superintendent to the Board. There are occasions when it may be necessary to have any head of a department describe in detail some technical problem where the department head is more conversant with his or her subject than the Superintendent.

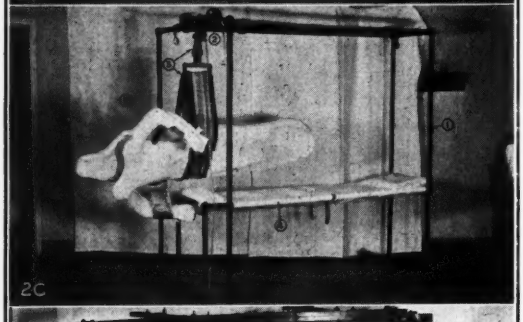
Regarding supervisors, the report mentions Ward, Operating Room and Maternity Supervisors. Wherein are they deserving of the term supervisor more than the Charge Nurses of the various divisions of medicine and surgery. I believe of course that it is essential that there be a co-ordinator of instruction; one who co-ordinates

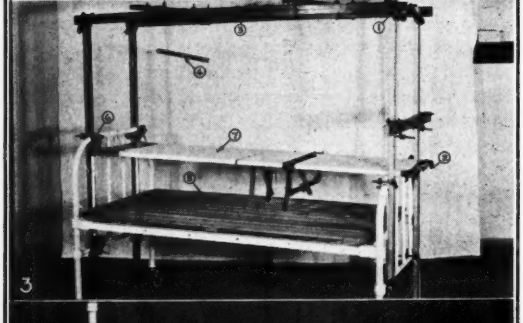
(Continued on page 24)

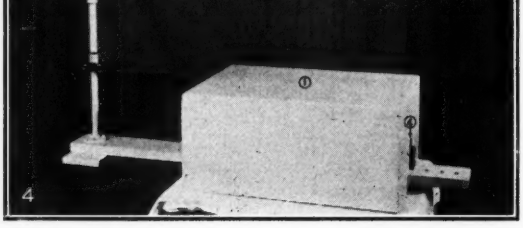












"NECESSITY IS THE MOT

By R. T. WASHBUR
Superintendent, University of Alber

THOSE who have read Stephen Leacock's "Roughing it in the Bush" will recall the two tired business men establishing a shack away in the wilds, and through the ingenuity of George they found almost the same comfort as existed in their city homes. The University Hospital in Edmonton, lacking wealthy benefactors, has through the ingenuity of various members of the staff made a number of appliances which satisfy the Orthopaedists and give comfort to the patients when the apparatus is used.

The following illustrations depict some of the appliances used in the Orthopaedic Department made by the Works Department of the hospital:

Illustration No. 1—Fracture Wagon

This Fracture Wagon is a mobile unit which may be easily run to any part of the hospital and to the fracture wards. This wagon has saved many trips to the apparatus room and has saved much delay arising therefrom.

Illustration No. 2—Apparatus for Turning Plaster Shells

This apparatus was designed for the turning of a patient with arms in abduction in an anterior and posterior shell. The patient was an adult male some six feet tall with a resultant paralysis from poliomyelitis which left him with marked involvement of both arms and legs and also trunk muscles. It was essential that he be kept at absolute rest with the arms in abduction. The weight of this man, together with the shells, required the assistance of five attendants to turn him. The apparatus was designed to facilitate the turning of the patient. The ideas for the design were collected from the sub-staff, intern staff, visiting staff, and the superintendent. With this appliance the patient can be turned with the greatest ease by two attendants, and by one if necessary.

No. 2 (a)—shows the patient ready for turning.
(b)—shows the patient hoisted off the frame.
(c)—shows the travelling carriage run out and the shell being turned.

Illustration No. 3—Balkan Frames

This shows the home made Balkan Frame, Bradford Frame, and Fracture Board set up.

Illustration No. 4—Spica Table

This is a simple Spica box and it is portable. The cost of this apparatus is negligible and serves its purpose well.

Illustration No. 5—Plaster Table — (Old Design of Massachusetts General Hospital)

Shows a substitute for the Hawley's fracture table.

Illustration No. 6—Abbott Frame

Is a substitute for the "Abbott Frame."

Illustration No. 7—Goldthwait Frame

Shows a frame with Goldthwait irons for the application of plaster jacket.

Illustration No. 8—Plaster Bandage Outfit

This illustrates the making of plaster paris bandages.

E MOTHER OF INVENTION"

y R. T. WASHBURN, M.D.,
University of Alberta Hospital, Edmonton.

Illustration No. 9—Single Balkan with Sideboards

Illustrates the side boards with a single Balkan Frame. These boards are easily applied and are serviceable.

Illustration No. 10

Shows the details of the "Flying Trapeze," clamps, and side boards.

1. *Fracture Wagon*

(1) Balkan frame—parts.
(2) Vice—Iron with slot for bending Thomas splints.
(3) Rubber-tired casters.

Kept in apparatus room ready for emergency fractures. Avoids delay—everything required may be taken in one trip. Tools shown in photo are in individual pockets.

Contents — Plaster bandages, water pail, rubber gloves, stockinette, sheet wadding, felt, ether, clamps for Balkan frames, adhesive, spirit glue, Thomas splint, foot pieces, blanket strip for Thomas splint, bandages, safety pins, splint boards, aluminum splinting.

Top—1¼" x 25¼" x 64".

Body—Height, 2'; Width, 22¼"; Length, 5'.

2 (a) Patient ready for turning.

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2. *Apparatus for turning Complete Plaster Shells*

(1) Gas pipe frame.
(2) Travelling Carriage (see detail to carriage and sling).
(3) Pulleys and slings (see detail side and end elevation).
(4) Canvas support similar to those used on Bradford frame.
(5) Anterior and Posterior plaster shells.

Dimensions:

Use 1" piping.

Height of frame, 6' 8"; Length, 6' 8".

2 (b) Showing patient hoisted off frame.

2 (c) Travelling Carriage run out and shell being turned.

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3. *Balkan Frame—Bradford Frame—Fracture Board—set-up*

(1) Clamp metal (see detail of clamp).
(2) Bradford frame (gas pipe construction with cross bar below to prevent springing).
(3) Balkan frame, horizontal section.
(4) Broom stick, etc.
(5) Fracture Board.
(6) Felt between clamp and bed (protects enamel).
(7) Canvas for Bradford frame (showing 3 pieces, centre removable).

Dimensions:

Horizontal—1¼" x 2¼" x 7'.
Vertical—1¼" x 2½" x 6'.
Short pieces—1¼" x 2¼" x 3' 6".

4. *Spica Box*—portable

(1) Box.
(2) Pelvic rest, metal.
(3) Upright gas pipe for counter traction.
(4) Lock bolt.

Dimensions:
Box—Height, 10″; Width, 16″; Length, 24″.
Slide—1″ x 4″ x 46″.

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5. *Plaster Table* (Old design of Massachusetts General)

(1) Wooden chassis.
(2) Hard wood top.
(3) Adjustable body rest with ratchet opposite side.
(4) Pelvic rest, adjustable with No. 3.
(5) Padded body rest for children.
(6) Child's pelvic rest, adjustable.

Dimensions:
Top—1¼″ x 21¾″ x 6′ 6½″.
Height over all—30½″.
Body—19½″ x 5′ 10½″.

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6. *Abbott Frame*

(1) Slides.
(2) and (3) Apparatus for tightening hammock.
(4) Canvas hammock.
(5) Sling.
(6) Pulling adjustable.
(7) Gas pipe frame.

Dimensions:
Use 1″ piping.
Slide—Inside dia., 1⅜″; outside dia., 1⅞″.
Height, 6′ 6″; Width, 2′ 6″; Length, 6′ 3¼″.

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7. *Goldthwait Frame*

(1) Tressel—wooden.
(2) Gaspipe frame.
(3) Goldthwait iron (soft flexible iron).
(4) Wooden support (supporting head, shoulders and feet).
(5) Lower support for Goldthwait iron.

Dimensions:
Use 1″ piping.
Frame 30¼″ x 6′.

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8. *Plaster Bandage Outfit*

(1) Crinolin roll "serrated edges"—3″ and 5″ widths.
(2) Plaster box.
(3) Plaster bandages being rolled.

Dimensions of box
8″ square x 3¼″ deep.
Slits 6″ long x ⅜″ and 6″ x ¼″.

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9. *Single Balkan with Sideboards*

(1) Clamp with pulley attached.
(2) Trapeze handle.
(3) Webb sling for plaster leg cast.
(4) Balkan frame (Fir 2″ x 1″ x 7′ long).
(5) Side Boards (see Detail of Side Boards—No. 10).

Dimensions:
Side Boards—¾″ x 11¼″ x 7′.

Some Comments on Proposed Curriculum

(Continued from page 21)

the teaching, the carrying out of theory into practice, but each charge nurse or supervisor, whichever term you wish to use, should be so closely attached to the school that she actually supervises the practical application of the students' lectures on the wards. One Ward Supervisor visiting all wards attempting to actually carry out demonstrations appears to me to be inadequate. She does not belong to the ward, she is more or less an outsider. She is not in the position to know when is the best time to arrange organized instruction with the activities of the ward going on. She should present her programme to the charge nurses. By reports of procedures performed, she points out the deficiencies and arranges with the charge nurses to carry these out.

Chapter Four in dealing with the importance of carefully selected students places health as the first requisite. I heartily agree providing there is some personality present. Age 19 for entrance to the school is low enough, particularly from the health standpoint. There is a much greater possibility of these youngsters breaking down than when they are in their late twenties. In this connection there must be further research carried out if we are to accept negative reactors to the Mantoux test for tuberculosis. A properly organized health programme during the training of the nurse is emphasized in the report and rightly so. A good internist is the logical one to be in charge of this service and with an infirmary attached to the hospital the health service may be successfully directed and carried out, and in addition be the hub of the Public Health programme. The nurse in charge of the infirmary, having public health training, may direct the public health course in the school.

Regarding the Curriculum itself, from Chapter Five on there is no doubt but that the course is a good one. My only criticism is to repeat that in my opinion the course is too short. I do not believe such a thorough grounding as is set out in the report can be carried out in the short period of three years and with such an excellent programme available there should be every opportunity given in the matter of time to allow the student to absorb it.

Chapter Three dealing with the importance of selection of staff cannot be overly emphasized. The selection of staff stands out foremost in any successful business enterprise. To carry on successfully one must decentralize, and to decentralize one must have co-operation, loyalty, enthusiasm and efficiency. I maintain that co-operation is more important than efficiency. It is possible to develop efficiency but it is impossible to force co-operation. There is one quality in the nurse not mentioned in the report which is of vital importance and not always present in those charged with great responsibility, that of being impersonal towards criticisms. Too many people accept as a personal matter, criticisms of their work. It is only the big person who accepts suggestions and criticisms as impersonal.

The proposed curriculum will at least have us take inventory of ourselves and our training schools and make us ask—"Are we satisfied with the instruction we are giving to our students. Can we improve in giving a better type of training." If we are discouraged in not having a university training remember that education means "to

(Continued on page 31)

Uniform Accounting Methods

By G. A. FRIESEN

THE necessity of maintaining adequate and reliable information in order to facilitate a real control over the finances of the hospital has been frequently iterated by hospital authorities.

It is generally conceded that uniform accounting methods should be used to accumulate such data. This does not infer that a specific procedure or system need be adopted in detail, but it is essential that the basic principle be uniform. For the purpose of giving a practical application of such a principle, the system adopted by one hospital is outlined briefly: (particular reference being made to operating expenditure).

(a) Classification of Accounts (See next page).

The first digit of this numbering system indicates the department, e.g., Administration, Professional Services, etc. The second digit indicates the sub-department, e.g., Executive, Business, etc., whereas the third digit indicates the type of expenditure in the sub-department, e.g., Salaries, Equipment, Repairs and Renewals, etc. In this manner all expense items are designated by distinctive account numbers which automatically collect under specific sub-departments, whereas the totals of the expenses in the sub-departments automatically collect under basic departments. Thus the final analysis of the financial data would be grouped under five sections; viz.:

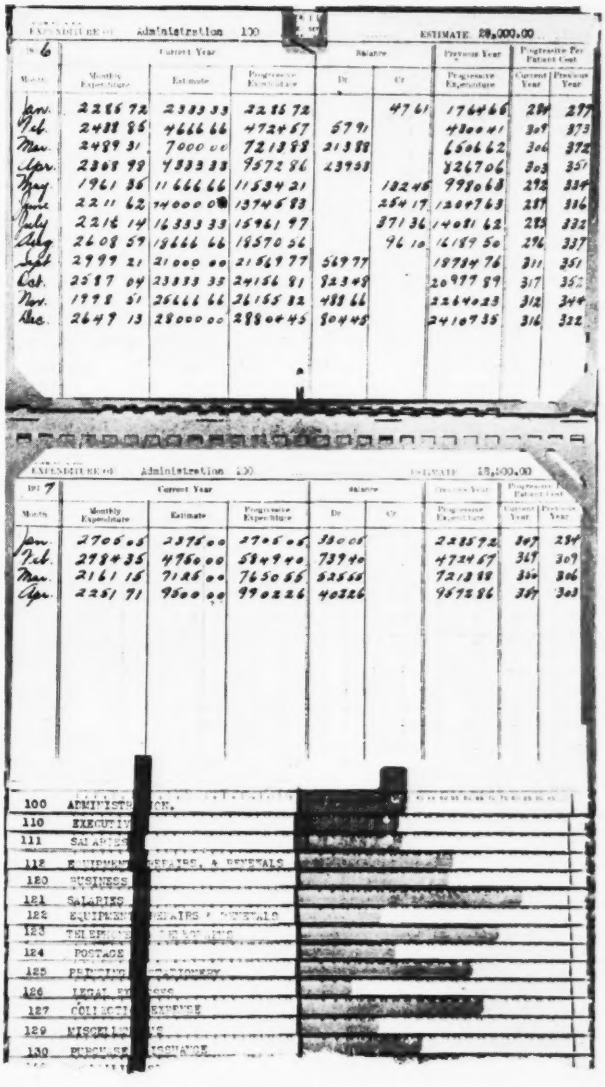
Administration
Professional Services
General House and Property
Dietary
Nurses' Residence.

(b) Voucher Register.

The columnar distribution of the Voucher Register is arranged according to the classification of accounts. It is divided into five sections and each section contains separate columns according to the number of basic divisions in the department. All expense items are recorded in the Voucher Register with the proper distributions and the totals are posted to a Budget Control Record at the end of each month.

(c) Budget Control Record. (Illustrated.)

This record provides a comprehensive and descriptive analysis of expenditures to conform with the organization of the hospital. The accounts are set up in accordance with the basic classification and readily reveal the information which is essential to effectively control expenditures. They also serve as a guide in the preparation of a budget on a departmental basis. Various financial reports are prepared from the data made available through this system. A monthly statement of Departmental Expenditure compared with the Departmental Budget which is submitted to the responsible personnel, has particularly proven very practical as it tends to create a keen interest in the financial transactions of each department.



Employing the Visible System in Budget Control

An application of a visible system which serves as a Control Account. The signal across the percentage scale reveals graphically the condition of any specific account and the amount over or under expended in this connection is recorded in the debit and credit columns respectively. Previous year records are kept on file for future reference. This system is also used for recording assets and liabilities as well as detailed earnings.

(Continued on next page)

Classification of Accounts

(See Mr. Friesen's article on preceding page)

100 *ADMINISTRATION*

110 *Executive*
111 Salaries
112 Equipment, Repairs and Renewals
113 Travelling Expenses
119 Miscellaneous

120 *Business*
121 Salaries
122 Equipment, Repairs and Renewals
123 Telephone and Telegraph
124 Postage
125 Printing and Stationery
126 Legal Expense
127 Collection Expense
129 Miscellaneous

130 *Purchase and Issuance*
131 Salaries
132 Equipment, Repairs and Renewals
139 Miscellaneous

200 *PROFESSIONAL SERVICE*

210 *Medical and Surgical Service*
211 Salaries
212 Equipment, Repairs and Renewals
213 Dressings
215 Medical and Surgical Supplies
219 Miscellaneous

220 *Pharmacy*
221 Salaries
222 Equipment, Repairs and Renewals
223 Dressings
224 Drug Supplies
225 Medical and Surgical Supplies
229 Miscellaneous

230 *Radiology*
231 Salaries
232 Equipment, Repairs and Renewals
233 Printing
234 Chemicals
235 Films
239 Miscellaneous

240 *Pathology*
241 Salaries
242 Equipment, Repairs and Renewals
244 Drugs
245 Medical and Surgical Supplies
249 Miscellaneous

250 *Surgery*
251 Salaries
252 Equipment, Repairs and Renewals
253 Dressings
254 Drugs
255 Medical and Surgical Supplies
256 Linen
259 Miscellaneous

260 *Clinical Photography*
261 Salaries
262 Equipment, Repairs and Renewals
263 Supplies
264 Sales
269 Miscellaneous

270 *Medical Records and Library*
271 Salaries
272 Equipment, Repairs and Renewals
273 Printing
274 Books and Journals
279 Miscellaneous

280 *Nursing Service and Education*
281 Total Salaries
281a Salaries of Supervisors
281b Salaries of General Duty Nurses
281c Allowance to Students
281d Salaries of Attendants
282 Equipment, Repairs and Renewals
283 Graduation
284 School Library
285 Nurses' Books and Printing
286 Travelling Expenses
289 Miscellaneous

300 *HOUSE and PROPERTY*

310 *Housekeeping*
311 Salaries
312 Equipment, Repairs and Renewals
314 Cleaning and Sanitary Supplies
316 Clothing, Bedding, Linen, etc.,
319 Miscellaneous

320 *Laundry*
321 Salaries
322 Equipment, Repairs and Renewals
323 Supplies
329 Miscellaneous

330 *Plant Operation*
331 Salaries
332 Equipment, Repairs and Renewals
333 Light and Power
334 Water
336 Supplies
337 Fuel
339 Miscellaneous

340 *Maintenance of Buildings and Grounds*
341 Salaries
342 Electrical Equipment
342a Welding Appliances and Supplies
343 Carpentry Supplies
344 Painting Supplies
345 Plumbing and Heating Supplies
346 Elevator Service and Supplies
347 Glass and Glazing Supplies
348 General Hardware
349 Miscellaneous

400 *Dietary*
410 Dietary
411 Salaries
412 Equipment, Repairs and Renewals
413 Hardware, Cutlery and Crockery
414a Bread, Flour, etc.
414b Groceries
414c Meat, Fish, etc.
414d Fresh Fruits and Vegetables
414e Milk, Cream, etc.
414f Butter
415 Supplies (General)
416 Linen
419 Miscellaneous

500 *NURSES' RESIDENCE*
510 Nurses' Residence
511 Salaries
512 Equipment, Repairs and Renewals
513 Light and Power
514 Water
515 Maintenance of Buildings and grounds
516 Linen
517 Fuel
518 Telephones
519 Miscellaneous

Obiter Dicta

International Hospital Association Holds Fifth International Congress in Paris

OVER 650 delegates representing 36 countries attended the Fifth International Congress of the International Hospital Association in Paris, July the 5th to 11th. This session, ably presided over by Doctor G. von Deschwanden of Lucerne, demonstrated the vital importance of hospital workers in the different countries getting together to pool their ideas and developments.

The program was broad in scope and dealt, as it should, with fundamentals rather than with details. Speakers from North America were Doctor M. T. MacEachern, who spoke on "Standardization in the Hospital;" Mr. Edward F. Stevens, the well-known architect of Boston, who spoke on "The Sickroom;" Doctor Harvey Agnew of Toronto, who spoke on "Mental Diseases and the General Hospital;" and Mr. Homer Wickenden of New York City, whose subject was "The Hospital and Publicity." English speakers made several excellent contributions, notably Doctor M. H. L. Eason, who discussed "National and Regional Planning of Hospital Services," Miss Duff-Grant of Manchester, whose topic was "General Problems of Nursing" and Mr. C. E. A. Bedwell of London, who conducted a study group on "External Relations."

Fine New Hospitals

In the last few years France has launched upon a tremendous expenditure of money upon hospitals and the Paris hosts were particularly anxious to show the delegates the new hospital development in that city. It was a revelation to many of the delegates, for these new buildings now place Paris in the forefront of hospital development. The Cancer Institute at Villejuif with its many pavilions and extensive equipment, the Foch Foundation on its lofty site overlooking Paris on Mont Valérien, and the magnificent new municipal Beaujon Hospital at Clichy were among the several fine institutions visited. Of unusual interest to the North American delegates, although by no means the most important innovation, was the two-storey building at the Beaujon Hospital erected as a crêche for the babies of the nurses. The delegates from the United States and Canada were also guests to luncheon of the trustees and staff of the fine well-equipped American Hospital.

As would be anticipated the French hosts tried to excel even themselves in providing hospitality. The City Fathers gave a sumptuous civic reception, fine homes and old castles were opened to the delegates and, of course, there was the World Exposition, with an entrance but one block from the convention hall. Even though some of the buildings were still unfinished, the magnificence of many of the national exhibits far exceeded the recent Fair at Chicago.

One of the delightful features of the Congress was the opportunity afforded English speaking delegates to get better acquainted. All such were invited to a special banquet on the Champs Elysées arranged by Sir Harold and Lady Pink and Mr. Sydney Lamb, where the worries of trying to decipher learned papers in other languages and of conversing in sign language were quickly forgotten. This happy idea was repeated later in the month when, at the Royal Empire Society in London, the hospital leaders in Great Britain gave a dinner for the visiting Canadian and American representatives. Miss Elizabeth Smellie, R.N., of Ottawa, Director of the Victorian Order of Nurses in Canada, and Mr. and Mrs. Henry A. Rowland of Toronto, were also guests at this function.

To Meet in Toronto in 1939

Of utmost interest to Canadians was the decision to meet in Toronto in 1939. The invitation was extended by Rev. Father Verreault, Doctor Claude Munger (President of the American Hospital Association) and Doctor Agnew. This will be a joint meeting of the International Hospital Association and the American Hospital Association and, with the large group of associated organizations meeting concurrently, should prove to be the greatest hospital gathering ever undertaken in Canada. Naturally, it will mean a heavy strain upon our resources, both in manpower and energy and in finances, but this meeting should make hospital history in this country. Fortunately for the local committee, Doctor M. T. MacEachern was re-elected Vice-President and Mr. Sydney Lamb, the well-known "Penny-in-the-Pounder" of Liverpool, is continuing as Secretary-Treasurer.

Seventy-five Years of Service

SEVENTY-FIVE years may not be an unduly long time when considered in terms of hospital service, particularly in our older established communities,

but in our Western Canada it is a long time and, therefore, "The Canadian Hospital" takes great pleasure in congratulating the Board of Governors and the administrative officers of the Royal Columbian Hospital, New Westminister, British Columbia, who on June 18th last celebrated their 75th anniversary and incidentally did it in great style. A banquet was held and attended by a large number of people including dignitaries of New Westminster and the surrounding districts.

Of greater importance than the banquet to the hospital field at large is the fact that a souvenir newspaper was published by The British Columbian, devoting the entire contents of twelve pages to the hospital and its work. Any community that has sufficient interest in its hospital to give it this amount of publicity is to be congratulated and the hospital itself must feel proud for it definitely shows that the governing body and its officers have worked unceasingly in establishing good community relationship which is the backbone of successful hospital operation. This special edition of the paper tells of the growth of the hospital from a small wooden building into the impressive structure that it is to-day. Furthermore its history discloses the interest of many well-known New Westminster citizens. The activities of the medical staff and the various departments of the hospital are related in a sincere and interesting manner, clearly showing the spirit of close cooperation which must prevail throughout the institution. The whole celebration makes one feel very close to the ideals of good hospital practice.

We wish our readers could each possess a copy of this souvenir paper for it would be an inspiration to any public relations program. "The Canadian Hospital" extends to this two hundred and twenty-five bed hospital on our Western Coast, best wishes for continued happiness and progress in the service of the sick during future years.

Saskatchewan's Education Tax

ON August the second Saskatchewan people experienced the introduction of a new tax which is to be utilized for purposes of education. This tax generally may be considered as a two per cent impost although in actuality it works out on small purchases to considerably more than this. Hospitals are not being exempt in any way and are required to pay this tax on both wholesale and retail supplies that are purchased. This affects supplies coming from either within or outside of the province and it is the responsibility of the hospitals to keep an accurate accounting of all extra-provincial purchases, reporting such purchases every three months to the Tax Commissioners and remitting the tax payable.

Without commenting on the worthiness of this tax we feel that the hardship to the hospitals, particularly the small hospitals, should be pointed out, especially when it comes during a year that the whole province is experiencing a complete crop failure. One of the bright spots of the tax is the exemption allowed on certain basic foods such as bread, eggs, milk, etc., which will no doubt be appreciated by hospital executives. Whereas hospitals refrain from asking for privileges whenever possible, feeling that their status as charitable institutions is at times overemphasized, it would seem that in view of the large amount of educational work done by hospitals through their Schools of Nursing and in other ways and because there is very little likelihood of them being beneficiaries from the tax it would appear reasonable that their application for exemption should be considered as having some merit. In the meantime approximate figuring would indicate that for every one hundred beds a hospital has it will pay approximately five hundred dollars tax per year. This sum while not huge is sufficiently serious to warrant editorial comment on behalf of these hard pressed institutions.

What a Small Hospital Can Do

The following letter was received from the Ethelbert General Hospital after they held their first Hospital Day and clearly shows how even the smallest hospital can make a success of such an important occasion.

Ethelbert General Hospital.

"Ours is a small hospital, fifteen beds, serving a scattered population and it was with some uncertainty that we made our first attempt to observe Hospital Day, Saturday, May 22nd. The previous days had been rainy and cold, our patients were being discharged one by one, until it seemed we would have all empty beds. But Saturday was perfect, bright sunny, no wind nor dust. At eleven o'clock a patient was admitted and at 11.45 our Hospital Day baby was born. Before long we had admitted patients until an extra bed was necessary in the men's ward. Forty minutes before the appointed time, one o'clock, our babies who had been born in hospital during the past year began to arrive. The doctor examined and vaccinated twenty, free of charge, they and their mothers having come from all directions, as far as thirty miles. Pictures were taken and the Ukranian Ladies' Aid, a community organization, served lunch. Health posters made by school children were exhibited and prizes awarded.

"Two ladies of the town spoke on 'The Origin of Hospital Day', and 'What Our Hospitals Mean to the Communities They Serve', one in English, the other in Ukrainian. We enjoyed the National Hospital Day radio programme very much."

Points to Remember in Private Wards

Always knock on patient's door before entering.

Nurse should straighten up room and see that patient's hands, face and teeth are washed before breakfast. Beds are not to be stripped before breakfast unless you will have time to remake them before 8 a.m.

Rugs to be folded neatly and placed outside door.

If possible give one bed bath before breakfast at 8 a.m., when nurse goes to kitchen to carry trays.

Tray to be arranged comfortably before patient and always see that table napkin is at hand. A fresh napkin is given at dinner time, and kept in room until after breakfast next day, when it is removed with breakfast tray.

Feed patient when necessary.

Give bed baths as taught. Dust room, see that covers of table and dressing table are clean and fresh, and that washstand is left in good order with soap and towels at hand. Table cover is to be removed, when washing patient.

Flowers from night before must be put in fresh water, stems cut and arranged carefully in clean vase. Waste flowers are not to be left in room. When flowers arrive for patient, open box in patient's room, hand card to patient to read, then take flowers out and put them in water and return to patient's room at once.

Anything in the way of neglect or criticism by the patient is to be told to the Nurse in Charge, who can be left to deal with the matter. Never discuss personal matters with patients, no matter how kind or sympathetic they appear to be.

Never give any information about other patients. If you are reprimanded, justly or unjustly as you may think, by your senior, never discuss the affair with your patient.

Do not tell patients that you are not able to get things. Report to the Head Nurse if short of anything.

Be courteous to special nurses, whether from your own school or from sister hospitals. Remember you expect to be one yourself some day, and nurses from outside who do not know the ways of the hospital or where things are kept will be very grateful to you if you taken time to show them.

Always be courteous over the 'phone. It may ring many times a day with questions from anxious friends, and many times your patience will be tried, and try to be able to say at the end of the day, "I brought no criticism upon my Training School."

If visitors come to the ward looking for friends take them to the room yourself, knock at the door and ask the patient if she will see so and so. Sometimes it may not be possible to do this, but it is a point that patients and their friends will appreciate very much.

Walk and talk quietly in corridors. Keep doors of patients' rooms closed, and also doors of kitchens and elevators, etc.

When in a room alone with a patient, do your work thoroughly and as taught.

Remember the patient is watching you and often criticizing you.

Every patient should have a complete bath q.d.

—From Manual on "Nursing Procedures", Royal Alexandra Hospital, Edmonton, Alta.

(Continued from page 24)

exercise the mental faculties of the individual by instruction, training and discipline in such a way as to develop and render efficient the natural powers." Because one has compiled an essay on Disraeli or given an accurate description of the Roman Empire, it does not mean that having accomplished this feat one has become educated. Surely those years spent in acquiring a knowledge of the tragedies and romance of life seen in the wards; the knowledge gained of the psychology of the human being; in learning the value of physical and mental health in bringing about happiness in the world; the knowledge acquired of preventive medicine; the dignity and deportment of the training school, constitute real education. Is your training school offering such an education? Have your nurses at the time of graduation those same ideals of service to humanity as they had when they applied for admission to the school? Yet, how can it be done in three short years? It can not be occomplished.

Business Executives Invited

The Purchasing Agents' Association of Toronto is in direct charge of the Thirteenth Convention of Canadian Purchasing Agents' Associations to be held at the Royal York Hotel, Toronto, on September 24 and 25, and The Industrial Products Exhibition to be held at the same time.

The business sessions will include addresses by recognized authorities on commodities, markets and the effects thereon of domestic and foreign economic, industrial and political movements.

All business executives interested in purchasing, whether Association members or not, will be welcome to the Exhibition and, on payment of the registration fee, to the business sessions and entertainment features.

MEDICAL RECORDS

SISTER MARY OF MERCY,

Superintendent, St. Martha's Hospital, Antigonish, N.S.

THE absolute necessity of keeping medical records with accuracy, adequacy and simplicity is so evident to all hospital workers that emphasis on its importance is not required here. We shall therefore consider particularly this topic from the following three-fold aspect:

1. Who should be responsible for seeing that each patient has a complete medical record as soon as possible after admission?
2. What can be done to stimulate more interest on the part of the medical staff in medical records?
3. What precautions should be taken to safeguard the confidential nature of the medical records?

A large share of the responsibility falls on the record librarian who should have all the qualifications and training necessary for so important a task. It must be borne in mind, however, that the problem of medical records involves not only the record librarian, but practically every member of the hospital staff. To assure that medical records be accurate and complete, it is imperative that there is a good organization making clear its aims and functions to the individual or to the group contacted.

To this end the work begins with the admission clerk on whom devolves the task of securing the necessary admission data. Every care must be taken that this data is accurate and complete. Then follows the history which is taken by the doctor in charge of the case or by the intern and verified by the doctor, the reports of the clinical laboratory, consultation, operation, pathology, etc., the progress notes written as frequently as the case demands, the graphic chart, orders for treatment, and the nurses' chart, so that each department must assume some responsibility, but in the final analysis the doctor in charge of the case is responsible for the complete record.

The task of getting the doctors interested becomes at one and the same time the joy and despair of many a hospital executive. The pressure of work, the rush and tear of a doctor's life in this twentieth century makes it nigh impossible to give the medical records the time and attention they require. Nevertheless, the present and future welfare of the patient as well as the contribution to research demands that the record be written and written well. Here it is that the work of an active Record Committee and a tactful librarian comes into play. The record librarian should see that the room is bright, attractive and inviting. A comfortable chair, a few smokes and possibly mild refreshments will go a long way to induce the doctor to spend the necessary time in the Record Department. The librarian should be courteous and obliging as well as helpful in turning up notes from previous records, or compiling statistics, or any of those little services which cement the cordial relations between the medical staff and the record department. Briefly, the librarian should give 100% service to the medical staff. This will gain the

active co-operation of the majority of the doctors and she will be able to secure a large proportion of the histories properly completed and signed. With all due care, however, and the utmost diplomacy, there will be certain periods of the year when the Record Department does not function as we would wish, as, for instance, during the trout season and when the golf links are open.

In the matter of safeguarding the patient's history lies a tremendous responsibility which we cannot afford to ignore. Every member of the hospital staff should be thoroughly imbued with a sincere spirit of loyalty to the patient, to the doctor and to the institution. Nurses should be trained early to realize the sacredness of their trust in the medical history of their patients, and they should be made to realize the far-reaching consequences and the dishonour they bring upon themselves and upon the hospital by any breach of this trust.

This spirit should permeate the whole atmosphere of the hospital, so that the least failure in this respect would mark the offender as totally unfit for a place on the hospital staff. In this attitude of mind, in the true realization of what honor and trust demand of each member of the staff lies the best and only means of safeguarding the confidential nature of medical records.

The Hospitaller Brothers of St. John of God Celebrate Fourth Centenary

The Hospitaller Order of St. John of God was founded by St. John of God in the 16th century. Moved by a desire to serve God and expiate the sins of his past life, the saint opened a small hospital for the poor in the town of Grenada in Spain. His holy life soon drew him companions eager to share with him in the noble work of caring for the sick.

The seed which St. John of God had sown in Grenada rapidly grew and less than fifty years after his death, his order had spread throughout Europe and into America and Asia. By the 17th century, there were seventy hospitals belonging to the Order in Italy alone. All these hospitals were entirely staffed by Brothers, and in many cases the physicians, surgeons and chemists were members of the Order. Some of the hospitals had medical schools attached to them where the Brothers taught anatomy, physiology and medicine.

At present, the Order of St. John of God possesses four institutions in Montreal. The Hospital of Notre-Dame de la Merci, 667 Boulevard Gouin, West, where 450 patients are cared for and in which is situated the noviciate of the Order for America. A Hospice is found downtown where four brothers look after about 200 inmates, there is also a night shelter where two brothers are in constant care, also a house where meals are distributed to the poor.

They have just celebrated the fiftieth anniversary of the Proclamation of St. John of God as Heavenly Patron of all the sick and hospitals. This year they hope to be able to celebrate the fourth centenary of the foundation of the Order.

MacEachern Obstetrical Table

Rises 15% in Price on September 15

NOW IS THE TIME TO BUY!

The MacEachern Obstetrical Table offers a remarkable advance in the technique of obstetrics. It may be raised or lowered to meet the level of your stretcher, and the patient transferred from the one to the other with a minimum of effort. This feature also facilitates the work of the obstetrician.

The Table not only provides the conventional Trendelenburg or shock position, but is designed to permit laying the patient FULL LENGTH while still in any desired angle of shock.

Further advantages of the MacEachern Obstetrical Table are features which permit of a high degree of cleanliness at the working end of the Table, ease of operation, and allow for freedom from confusion in the routine of the delivery room. Prices and full information on request from Simpson's Hospital Contract Department.

PRICE (up to September 15th) with Comper Knee and Foot-Rests - - - - - - - - $395.00

Includes mattress-pads, folding hand-grips, wrist restrainers, shoulder braces, ether screen and anesthetist tray.

PRICE (up to September 15th) without Comper Knee and Foot-Rests - - - - - - $330.00

Includes Bierhof Stirrups, mattress pads, folding hand grips, wrist restrainers, shoulder braces, ether screen and anesthetist tray.

F. O. B. FACTORY — NO DUTY

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TORONTO — MONTREAL

HOSPITAL CONTRACT DEPARTMENT

Hollinger Employees' Medical Services Association

The Hollinger Mine, Timmins, Ontario, recently approached the matter of medical and hospital service for the men and their families, by suggesting that a committee of the employees meet the doctors of the district and, with the needs and conditions in mind, see what form of plan would provide complete medical and surgical service for the men, their families and dependants on the most economical basis. An employees' committee was formed, which conferred with the Porcupine District Medical Association with satisfactory results. Two plans were formulated and submitted to a vote of the employees. The plan chosen was one drafted by Dr. R. P. Smith, with the idea of having a controlled medical service, which would provide responsible and complete medical and surgical services, together with necessary hospital care, X-ray treatment, drugs and medicinal supplies to the extent and under the regulations outlined.

Complete responsible medical attention and service will be provided in the home, office or hospital, in the event of sickness or accident disabilities other than those covered by the Workmen's Compensation Act of the province, the Public Health Act, the Venereal Disease Act, or any other public body or agent. Treatment of drug addicts or sufferers from venereal disease, alcoholism or any illness or disability resulting directly therefrom, or illness incurred while offending the Criminal Code, is not included

All necessary surgical services or operations will be provided, divided into the following classes: (a) minor, (b) major, (c) fractures. For all major surgery and fractures consultation will be provided before treatment is instituted. The consultant doctor will be selected from member doctors of the association approved by the Medical Executive Committee. Necessary hospital accommodation will be provided, on the recommendation of the doctor in charge of the patient, and if approved by the Medical Executive Committee, and will be subject to strict supervision.

X-ray and nursing service will be provided, where necessary and with the approval of the Medical Executive Committee.

Ordinary obstetrical or maternity cases are not considered hospital cases—sufficient and adequate care and attention can and will be provided in the home. Maternity cases will be admitted on their merits after consultation by the doctor in charge of the patient with the Medical Executive Committee.

Any member is free to select any of the doctors who are members of the association and are residents in Timmins and vicinity.

It is believed that this scheme will avoid the worst features of the old type of contract practice, because the dependants of the employed person can participate and can choose their medical attendant. About ten thousand persons are being looked after under this plan, which, in its essentials, is Voluntary Health Insurance. At present the only contributors to the funds of the organization are the employees. The rates charged appear to be low in relation to the scope of the service offered. In order to be permanently successful, the participating physicians must be adequately remunerated and the hospital charges met in full.

Ontario Hospital Association News

ALTHOUGH the preparations are almost completed for the Association Convention to be held in the Royal York Hotel, Toronto, on October 20th, 21st and 22nd next, we are unable to publish the Programme in this issue of the journal because in spots here and there, it is not complete. The Programme, however, has promise of being one of the best in the history of the Association. Keen interest is being taken in its preparation by all the sections concerned, including The Hospital Social Service Workers, which is a new group within the Association. The Occupational Therapists are meeting with us again. The Hospital Aids' Association have their programme all sompleted and the Record Librarians also have a splendid programme prepared.

We trust that all hospital workers in the Province will make sure to attend the meetings this year.

* * *

From inquiries which we have received with regard to the charging of extras for public ward patients paying not more than $1.75 per day for their own care in hospital, we are convinced that all the Hospital Executives in the province are not carefully reading all of the Ontario Hospital Association news from month to month. May we suggest that you please make sure to turn to this news in your journal when you receive it as almost every month it includes some statements relating to matters of great importance to the hospitals of Ontario. The issues of both June and July contained such statements.

It was the decision of the Board of Directors to do away with our bulletin and use the Journal in its place. If, however, we are to get the information out to our members through the Journal it will be necessary that they make sure to read the page which is devoted to the work of the Ontario Association each month.

WOMEN'S HOSPITAL AIDS ASSOCIATION
Province of Ontario, Canada

— 1865 — — 1937 —

A challenge to those who participate in volunteer social service in connection with hospitals.

"Therefore, all things whatsoever ye would that men should do to you, do you even so to them."

It was Charles Buxton who said—"You will never find time for anything. If you want time, you must make it."

This axiom applies well to benevolent and philanthropic effort.

There are those who do engage earnestly and efficiently, lending themselves selflessly to good works. Then again there are others with talents and time, who are as children playing in the sand at the seashore, their hands filled with golden opportunities, yet these precious grains fall through the fingers like sand through a child's hand.

The holiday season is over and officers of organizations will be calling upon members and friends for active participation in benevolent service.

Just what will be your answer to this call? The truly golden moments in life are those which offer us opportunities for service to the less fortunate. The angel of true living can only be our guest when we have truly found His way of serving mankind.

Opportunities do not always come to us with their values stamped upon them. Everyone must be challenged. Philanthropic work offers limitless opportunities for rare friendships. Experiences in this service teach us that far reaching effects can only be gained by educating oneself, to the learning of, the greatest need, then intelligently cooperating with all other interested units, in providing this need .

We cannot express convincingly to those with whom we desire to impress, relating to the responsibility of supplying adequate funds to carry on benevolent work, if we ourselves have not become conversant with what is required.

Hospital auxiliary members, to be true hospital missionaries in the community would do well to know the Institution to which they pledge their allegiance.

This work is fraught with potentialities for the saving of human life, the education and comfort of those who care for the sick and injured and the ever broadening field of health education. The full meaning of what is possible in the gift of voluntary contribution can only be measured when we survey the splendid achievements of the past and realize how much larger the vision and scope which looms on each horizon.

"Where there is no vision, the institution or the individual perish.

It is well to see our institutions and service as others see them.

Don't be an echo, study problems for yourself.

Let us sympathetically and diplomatically get the viewpoint of the public along with our own.

Women are needed in every avenue of life; let us build that we may serve largely and well."

A Hospital Rises to Romance

A young couple, strangers in Chicago, recently appealed to a cab driver in that city to take them to a minister. The driver was "stumped." He had, he confessed, a lack of acquaintances among the clergy. However, warming to his task as cicerone to Cupid, he thought hard, and having thought, concluded that the Presbyterian Hospital would have a minister. And so it did, and so they were. Once more a hospital met a community need.—"Hospital Topics and Buyer."

Information of vital importance to your hospital is published in every issue of The Canadian Hospital. Do not neglect to read your copy as soon as possible after arrival.

Alberta Hospital Association News

WORD has recently been received that the American College of Hospital Administrators has conferred the Degree of Fellow of the College on Dr. R. T. Washburn, Superintendent of the University Hospital and Dr. A. F. Anderson, Superintendent of the Royal Alexandra Hospital, of Edmonton. These Degrees will be conferred at a Special Convocation in the Ambassador Hotel, Atlantic City, on September 12th. We are sure all Hospital Executives in Alberta will join in extending congratulations to these two Doctors.

* * *

The move on the part of the Canadian Medical Association—Alberta Division, and the Alberta Pharmaceutical Association, to put into general use throughout the Province, a formulary to offset the tendency to prescribe various proprietary preparations should meet the approval of all hospitals in the Province.

The seriousness of the present situation is the fact that many doctors prescribe various preparations by their trade-names and the tendency on the part of the public is to diagnose their own disabilities by purchasing drugs over the counter. From the hospital view-point, with the adoption of a Provincial or Dominion formulary, there will be a considerable reduction in the cost of operating a hospital pharmacy.

Following a cojoint meeting of representatives of the Alberta Division, Canadian Medical Association, the Pharmaceutical Association, and the Alberta Hospital Association, held recently, at which all were unanimous in their opinion that such a formulary should be published, recommendations will go forward to the various Associations for the adoption of such a plan.

With a committee appointed to report on all new drugs and their duplication, the formulary may be brought up to date from time to time.

* * *

Drs. A. F. Anderson and R. T. Washburn will represent the Alberta Hospital Association at the meeting of the Canadian Hospital Council to be held at Ottawa, September 8th and 9th, and will go on to Atlantic City to attend the Convention of the American Hospital Association.

* * *

Consideration is being given to the erection of a hospital at Rocky Mountain House. Provided the community are successful in raising an amount of $12,000 the Presbyterian Church have guaranteed the balance.

* * *

Plans are now being drawn for the erection of a 25 bed hospital at Lacombe. The costs of erection are being borne by the Town of Lacombe and the Municipal District of Crown.

* * *

The Women's Missionary Society of the United Church are erecting a small 6-bed hospital at Notikewin.

WE WOULD LIKE TO KNOW—

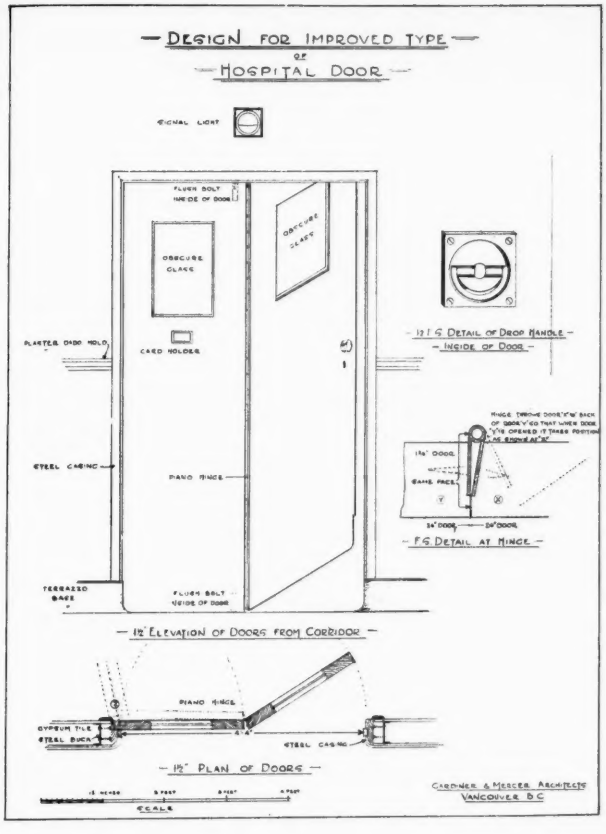
The Editorial Board will be pleased to answer in this column any question they can that will be of general interest to hospital workers. Kindly mail questions directly to the Editor.

Q. Should the Superintendent of Nurses attend the regular meeting of the Board of Governors?

A. This is a very brief question but its few words cover a tremendous amount of ground and it is with some hesitation that we answer it for it has caused considerable controversy, particularly during recent years. This question will no doubt be discussed in some detail at the forthcoming Canadian Hospital Council Meeting when nursing problems are under consideration. As in all questions of this nature it has many sides but to elaborate the different points of view does not give a definite answer, therefore, rather than "straddle the fence" we answer the question by saying "no." The administrator of the hospital is responsible for all services of the hospital. To aid him in his administration, department heads are created, and through staff conferences and by discussions with the department heads the problems of such departments, of which nursing is one, can and are frankly threshed out. When a solution to a problem has been reached the administrator then presents it to the governing body for approval. For a department head to find it necessary to go to the governing body definitely indicates weakness of the administrator. If the head of the nursing department appears before the Board it is only right that all other department heads should have the same privilege. This would make an impossible situation from an administrative point of view. Dr. MacEachern in his plan of organization of the hospital, facing page 87 of "Hospital Organization and Management," definitely points out the trends of responsibility and authority. A perusal of this plan will clearly show that providing there is a proper organization within the hospital that personal appeals of department heads to the governing body is both undesirable and unnecessary. In the case of the nursing division lines of authority point to the training school committee and this committee is buffered into special committees of the governing body for nursing problems to the governing body itself. Dr. Morrill in "Hospital Manual of Operation" on page 116 states "Nursing administration, like all other activities of the hospital, must be under the definite and undivided control of the administrative head." None of these arguments prevent a department head appearing, at the invitation of the administrator, before the governing body as a technical expert when the administrator feels that the problem can be more efficiently handled this way, in fact, some of our best administrators follow this practice but this is entirely different to giving authority to the department head to appear before the governing body without any direction from the administrator, in other words, creating the possibility of conflict between the administrative and sub-administrative officer.

Q. We are having some difficulty with our wide hospital doors in that because of their weight they continually sag and when readjusted the improvement is only temporary. Can you make any suggestions?

A. This difficulty is overcome to a fairly great extent with the advent of the metal door frames which seem to efficiently support the three foot, eleven inch door without much difficulty. However, if your door frames are of wood we can only suggest that the door itself might be lightened by panelling. A real solution to this problem seems to be in a door recently designed by Gardiner and Mercer, architects of Vancouver. The design to us appears to be very efficient and very smart. This type of door has been installed in several British Columbia hospitals and a single door installed in other hospitals for experimental purposes. We are sufficiently impressed by the door to quote details regarding it and also show the architect's plan. You will note from the illustration that the door is divided in two. When opened to its fullest extent it gives a passageway of four feet, four inches, which would effectively prevent door frames from being knocked by stretchers or beds being moved in and out. Under normal conditions one half of the door only is opened giving a passageway of two feet two inches, which



should be quite sufficient for ordinary use. Because of the equal division of the door no sense of unbalance exists and as a further protection against this common fault two observation portals are installed although only one is actually necessary. Further description seems unnecessary as the illustration is very complete.

Institute on Hospital Administration

Doctor Harvey Agnew participated in the Institute on Hospital Administration at the University of Chicago early in September. This course is sponsored by the American Hospital Association and has drawn registrants from all parts of the continent. Doctor Agnew discussed and conducted forums on Public Relations and on Medical Relations.

American College of Surgeons Congress
Chicago, October 25th-26th, 1937

An interesting and well-arranged program has been drawn up for the Congress in Chicago of the American College of Surgeons. An extensive schedule of operative clinics, demonstrations at hospital and medical schools, which will include many special fields, has been arranged.

The annual hospital standardization conference will be held during the first four days of the Congress. Many problems relating to hospital administration will be covered, and the program of formal addresses, papers and discussions includes many prominent American and Canadian speakers.

Here and There in the Hospital Field

By HARVEY AGNEW, M.D.,
Secretary, Canadian Hospital Council

AUSTRALIA.—The Rev. John Flynn, O.B.E., in 1928 established a flying medical service for the benefit of rural families. The first medical flying unit base was instituted at Cloncurry, Queensland, and it is Mr. Flynn's ambition to have a unit within a radius of 100 miles of every rural family. Where telephone or telegraph is not available, machines known as transcievers are used, and instructions, to be followed until the doctor arrives, transmitted.

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LONDON, ENG.—Miss Effie J. Taylor, principal of the School of Nursing at Yale University, and well-known in Canada, was elected president at the London session of the International Council of Nurses. Miss Jean Gunn, O. B.E., superintendent of Nurses at the Toronto General Hospital, was elected first vice-president. The congress was attended by over 3,500 delegates and many Canadian nurses were invited to present papers on various subjects of interest to the nursing field. Miss Isobel Stewart, formerly of the Winnipeg General Hospital, presented the report of the education committee which recommended the study of the curriculum drafted by the Canadian Nurses' Association as "being worthy of the interest and study of the world nursing organization." The 1941 congress will be held in the United States.

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REGINA, SASK.—The Regina General Hospital has appointed Dr. Lawrence C. Hacking of Guelph, Ontario, as successor to Dr. G. H. Ramsey, head of the Department of Radiology, who recently resigned to take a position with the University at Rochester.

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REGINA, SASK.—The Knights of Columbus at a recent meeting in Regina passed a resolution to the effect that the federal government be asked to aid hospitals in the drought area of Saskatchewan, who are finding finance difficult owing to the inability of patients to pay and municipalities to contribute to the care of their citizens.

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ST. JOHN'S, NEWFOUNDLAND.—The Commission of Government, which was formed about four years ago, has undertaken the gigantic task of bringing better health to about 290,000 people scattered over the island with an additional 5,000 along the Labrador Coast. The Department of Public Health and Welfare has estimated its expenditures during the present fiscal year at $3,116,661, an increase of $491,481 over those of last year, it is reported. In addition, it is expected part of the $8,000,000 Reconstruction Grant from the British Government will be devoted to improvement of medical facilities. Within the last year, nine cottage hospitals have been built and put in operation. Besides actual administration to the sick, these hospitals constitute important community centres for the dissemination of health education and the organization of local welfare movements.

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SYDNEY, N.S.—Hospitals in Nova Scotia are adopting the 8-hour day for nurses. St. Rita's Hospital, Sydney, St. Joseph's Hospital, Glace Bay, and New Waterford General Hospital nurses now work in three shifts—7 a.m. to 3 p.m., 3.p.m. to 11 p.m., and 11 p.m. to 7 a.m. Although some additional outlay is expected, the change will give employment to more nurses.

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SYDNEY, N.S.—The Hospital Association of Nova Scotia and Prince Edward Island delegates, at their recent convention, passed a resolution asking: (1) "That the Nova Scotia Government institute a survey with a view of revision of the present form of municipal government or administration to the end that hospitals may be relieved of the existing burden now carried by the institutions due to the inability of municipal governments to pay their outstanding acocunts." (It was brought out at the meeting that municipalities throughout the province at the present time owe hospitals an amount exceeding $60,000 of which $35.000 is to St. Martha's, Antigonish.) (2) "That the Department of Public Health and the Department of Agriculture be requested to consider the application of the tuberculosis test of cattle in this province with a view of promoting the health and economic welfare of our people."

TORONTO, ONT.—Part of the Ontario Government's campaign against tuberculosis will consist of a grant, it is stated, of $19,000 towards the cost of construction of the proposed $65,000 pavilion at Freeport Sanatorium, Kitchener, Ont. Work on the new pavilion is expected to commence at an early date.

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Construction

It is reported that plans are under way for a 25-bed hospital, at an estimated cost of $100,000, to be built at South Porcupine, Ontario. The hospital is being built to fill the needs of the eastern section of the Porcupine camp, including South Porcupine, Dome, Whitney Township, Buffalo-Ankerite and Pamour.

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The Ontario Government, it is reported, will construct a $1,000,000 hospital at Brampton, Ontario. This will be an isolation hospital for tuberculosis patients from all over the province. Accommodation will be provided for 600 patients. No definite date has been set as to when work will begin, but it is anticipated that it will commence as soon as possible. Free travelling clinics for diagnosis will also be sent out.

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The Sisters of Charity of Quebec, it is announced, will be in charge of the new 50-bed hospital, the first in the history of the Magdalen Islands, which is being constructed at the present time. The cost of construction will be around $150,000, and the building will be completed in the late Fall.

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The Board of the Salmon Arm General Hospital, British Columbia, are planning, it is understood, the erection of a nurses' residence, to be undertaken this year. Next year, it is anticipated, an addition to the hospital will be constructed.

Tenders have been called for the construction of an interns' home at the Vancouver General Hospital at a cost of between $55,000 and $60,000. The building is to be a three-storey reinforced concrete structure, and will house forty or more interns.

BOOK REVIEW

American and Canadian Hospitals

The second edition of AMERICAN AND CANADIAN HOSPITALS has just been published and the editors deserve a great deal of credit for the painstaking care that is shown throughout the entire volume which covers more than 1400 pages. Altogether some 7000 hospitals are listed in a most complete manner, enabling any hospital executive or assocated worker to immediately find the status of any one hospital. Because of the editorial work the groupings are excellent, making reference especially simple. This directory was published under the supervision of the American Hospital Association, the Catholic Hospital Association of the United States and Canada, the American Protestant Hospital Association and The Canadian Hospital Council. We are particularly pleased with the care that has been taken in the compilation of statistics relative to our Canadian hospitals. In this

case they have received equal prominence and the book can truly be called a directory of "American and Canadian Hospitals."

Published and printed in the offices of the Physicians' Record Company, Publishers, 161 West Harrison Street, Chicago, U.S.A. Price, $10.

Purchasing and Stock Control in a Small Hospital

(Continued from page 19)

keeper he is warned when certain supplies are running low in plenty of time to obtain quotations from different firms, buy at the best price and take advantage of slower and cheaper means of transportation. Rush orders are always costly because it is impossible to get competitive prices and the most rapid means of transit are usually the most expensive.

The Business Manager (not usually a qualified druggist) leaves the purchase of all pharmaceuticals to the pharmacist, merely signing the orders which the pharmacist has written. The pharmacist refers any unusual items or suggested quantity purchases of drugs to the Business Manager and discusses them with him before writing the order. With a co-operative spirit existing between the Pharmacist and Business Manager this method of purchasing pharmaceuticals works out very satisfactorily.

Close co-operation and frequent discussion of requirements between Business Manager and Department Heads result in providing supplies and equipment giving greatest service to the patient and to the Medical Staff.

The Business Manager, although at first unfamiliar with many items, gains enough experience and becomes sufficiently skilled in purchasing to serve the institution better than would several individuals purchasing for their own departments, and in the small hospital, where he is responsible for the entire business organization, including collections and financing, he, more than anyone else, is in a position to know what the hospital can afford to buy and on what terms they are able to pay for the purchases.

Figure 4 is a basement floor plan showing how dispensary and storeroom are laid out.

Figure 5 is a graphic description showing the procedures followed in the purchasing, receiving, storing, issuing and accounting of supplies.

Samples of the actual forms used in this system but not illustrated here, will be supplied on request to this magazine or to the author. Methods of purchasing and stock control will vary in different hospitals, as each must work out a system most suited to its requirements and to its physical plant; one hospital's method described here, however, can be used as a basis from which to develop an efficient and practical centralized set-up for any institution of its approximate size.

Nursing in the Far North

While most people are concentrating on finding the coolest thing possible to wear, Miss G. Keary, R.N., of Niagara Falls, Ontario, has been busily engaged in getting together a wardrobe suitable for the Arctic climate. Woollen ski suits, bed socks, bed jackets, heavy rain coats, leather jackets, woollen stockings, knitted scarfs, etc., along with a couple of fur coats. Miss Keary, upon reaching Baffin Land sometime early in September, will be confronted with the task of studying the Eskimo language.

Fifteen white people comprise the colony surrounding St. Luke's Hospital at Pangnirtung. The hospital was started in 1931 and contains eight beds. Miss Keary is taking along with her equipment for six additional beds and material for a sun parlour for specializing in tuberculosis. The hospital is fully modern, including X-ray equipment and other clinical equipment for the treatment of disease. The only contact between Pangnirtung and the outside world is the "Nascopie" Hudson Bay ice breaker, which makes one call a year, bringing in food supplies, medical supplies and other articles for the hospital and the colony.

O. D. JOHNSTON

Appointed Manager, Industrial Division, at Gooderham & Worts

As successor to the late George G. Kaestner, Gooderham & Worts, Limited, the well-known distillers, have appointed O. D. Johnston as Manager of the Industrial Division of the Company.

Mr. Johnston was formerly Secretary-Treasurer and Sales Manager of Leland Electric Canada Limited, whose spectacular growth since organized in 1931 was largely due to Mr. Johnston's ability and aggressiveness. Mr. Johnston holds the degree of Bachelor of Applied Science from the University of Toronto, having graduated in Chemical Engineering.

The Industrial Division of Gooderham & Worts, Limited, produces a complete line of industrial and pharmaceutical alcohols, as well as Hot-Shot Anti-Freeze, and their products have a wide distribution from Coast to Coast.

Mr. Johnston's headquarters will be at the Toronto offices of Gooderham & Worts, 2 Trinity Street, where the distillery has been located for over 100 years.